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U.S. DISTRICT COURT E.D.N.Y.

★ JUL 30 2018 ★

CIVIL RIGHTS COMPLAINT  
42 U.S.C. § 1983

LONG ISLAND OFFICE

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

Daniel Mallahan 469787  
Full name of plaintiff/prisoner ID#

CV-18 4316

JURY DEMAND  
YES  NO

Plaintiff,  
against  
Suffolk County  
Sheriff's Office  
Correction's Dept. Address  
Enter full names of defendants  
[Make sure those listed above are  
identical to those listed in Part III.]

SEYBERT, J.

RECEIVED

JUL 30 2018

BROWN, M. J.

EDNY PRO SE OFFICE

Defendants.

L Previous Lawsuits:

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes ( ) No (x)
- B. If your answer to A is yes, describe each lawsuit in the space below (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs: \_\_\_\_\_  
\_\_\_\_\_

Defendants: \_\_\_\_\_  
\_\_\_\_\_

2. Court (if federal court, name the district;  
if state court, name the county)

\_\_\_\_\_

3. Docket Number: \_\_\_\_\_

4. Name of the Judge to whom case was assigned: \_\_\_\_\_

5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?)  
\_\_\_\_\_

6. Approximate date of filing lawsuit \_\_\_\_\_

7. Approximate date of disposition: \_\_\_\_\_

II. Place of Present Confinement \_\_\_\_\_

A. Is there a prisoner grievance procedure in this institution? Yes () No ()

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes () No ()

C. If your answer is YES,

1. What steps did you take? \_\_\_\_\_

\_\_\_\_\_

2. What was the result? \_\_\_\_\_

\_\_\_\_\_

D. If your answer is NO, explain why not I have already experienced retaliation. I am afraid for my safety.

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes () No ()

F. If your answer is YES,

1. What steps did you take? I informed internal affairs, got taken to hospital and had investigation opened.

2. What was the result? Still Pending

III Parties:

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff Daniel Mallahan

Address 110 Center Dr. Riverhead NY 11901

(In item B below, place the full name and address of each defendant)

B. List all defendants' names and the addresses at which each defendant may be served.  
Plaintiff must provide the address for each defendant named.

Defendant No. 1

Suffolk County Sheriff's Office  
110 Center Dr  
Riverhead NY 11901

Defendant No. 2

Suffolk County Correctional Facility  
110 Center Dr  
Riverhead, NY 11901

Defendant No. 3

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Defendant No. 4

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Defendant No. 5

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[Make sure that the defendants listed above are identical to those listed in the caption on page 1].

IV. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 1/2 by 11 sheets of paper as necessary.)

DM pointed out  
On June 19, 2018 @ approximately 3:00pm, I Daniel Mallahan was fingered by another inmate as having contraband. I was brought to a "Sergeant's Office" away from cameras to be stripped searched. When bending at the waist to spread my buttocks one of the 3 staff members, (one being a SERT Correction officer, and two being investigator's), told me he saw a small plastic piece beinging out of my rectum. Officer investigator + and SERT threw me to the ground and I refused to pull it up out of my rectum → cont

IV.A

If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

I received a serious contusion to my right hand. The sexual assault resulted in a painful tear to my anus that caused bleeding. Pain meds and special treatment for two weeks. I was treated at Pecanic Bay Medical Center in Riverhead NY.

Extra Page

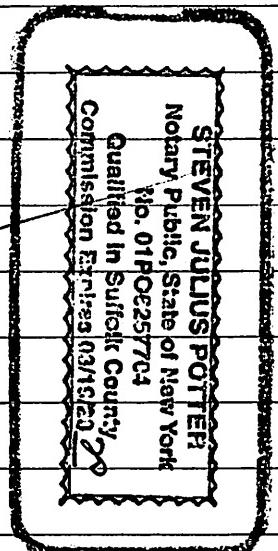
Content from Packet

upon my refusal investigator #2 Smashed my right hand with a metal baton. This caused Severe swelling and painful injury. Pictures were taken by internal affairs. At this point all 3 officers held me down and investigator #1 inserted a finger about 2-3 inches into my rectum and scooped roughly to manually and forcefully purged a bag containing a small amount of cocaine out of my rectum. Upon an evaluation by a sexual assault nurse examiner there was a tear <sup>IN</sup> ~~DA~~ my anus caused by this. ~~I have filed a notice of intent and civil rights claim. I did not allow these officers to perform a cavity search.~~

The above-mentioned assault is illegal and a criminal case in Suffolk County Police Department has been filed  
CC # 18-363

(DM)  
OJEnd  
Statement

Dan Muller



Notary Public's Signature  
STATE OF NEW YORK  
COUNTY OF SUFFOLK  
Sworn to (or affirmed) and subscribed before me  
this 29 day of July 2012, by

Notary Name

V. Relief:

State what relief you are seeking if you prevail on your complaint.

Pain and Suffering Compensation in the amount of \$200,000.00 - Two Hundred Thousand Dollars.

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I declare under penalty of perjury that on \_\_\_\_\_, I delivered this  
complaint to prison authorities to be mailed to the United States District Court for the Eastern  
District of New York.

Signed this 19<sup>th</sup> day of May, 2018. I declare under penalty of  
perjury that the foregoing is true and correct.

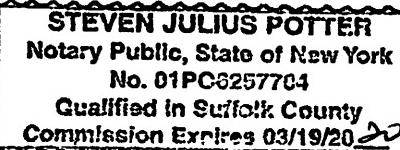
Darl Muller

Signature of Plaintiff

Name of Prison Facility

Address

Prisoner ID#



STATE OF NY  
COUNTY OF SUFFOLK

Sworn to (or affirmed) and subscribed before me  
this 13 day of May, 2018 by \_\_\_\_\_

Notary Public's Signature  
My Commission Expires on \_\_\_\_\_

Notary Name